

**Electrical Workers Local No. 26
Pension Trust Fund
Authorization for Direct Deposit**

Your monthly payment from the Pension Trust Fund must be directly deposited into your bank account. Please complete and mail this form to 10003 Derekwood Ln Ste 130, Lanham MD 20706. If you have questions about direct deposit or about how to complete this form, please call the Fund Office (301) 731-1050. FAX 301-731-1065

I. Personal Information	Your Name																			
	Your Social Security Number																			
	Your Telephone Number (include area code)																			
II. Bank Information For Checking Accounts: The Transit / ABA Number is the first 9 digits on the bottom of your check. Please attach a voided check. For savings Accounts: If you account does not have checks you must ask your financial institution for the Transit / ABA Number.	Name of your financial institution																			
	Branch/Address																			
	City/State/Zip																			
	Your financial institution's Transit / ABA Number																			
	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																			
	Your Account Number																			
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings																				

I hereby authorize the Local 26 Pension Trust Fund ("the Fund") to initiate credit entries and to initiate, if necessary, debits and adjustments for any credit entries in error to my account at the depository indicated above, and I authorize the depository to credit and/or debit the same to such account. I agree to notify the Fund of any changes to my account which would affect this authorization.

This authority is to remain in full force and effect until the Fund has received written notification from me of its termination in such time and in such manner as to afford the Fund a reasonable opportunity to act on it.

Signature

Date

Do Not Write In This Space

For Fund Office Use Only	
Received Date	
Prenote Sent	Confirmed
Status Maintained	